

APR 29 2005

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FACSIMILE TRANSMISSION

Date: 4/29/2005

Pages: 1 of 9

To: Examiner Melvin, C. MAYES
Art Unit 1734

From: Robert Scott

Company: USPTO

Fax No.: 703 872 9306

Subject: U.S. Patent Application Serial No. 10/643,919

Comments:


Applicants: YAZAKI et al.	Atty. Dkt.: 01-244-DIV
Serial No.: 10/643,919	Art Unit: 1734
Filed: 10/20/2003	Examiner: MAYES
Title: METHOD OF MANUFACTURING A PRINTED WIRING BOARD	

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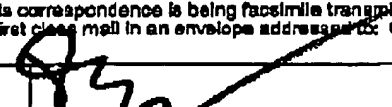
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/643,818
	Filing Date	10/20/2003
	First Named Inventor	YAZAKI
	Art Unit	1734
	Examiner Name	MAYES
Total Number of Pages In This Submission	Attorney Docket Number	01-244-DIV

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Scott Law Group, PLLC		
Signature			
Printed name	Robert L. Scott, II		
Date	29 April 2005	Reg. No.	43,102

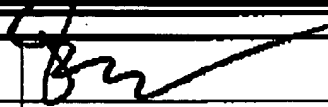
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Signature			
Typed or printed name	Robert L. Scott, II	Date	29 April 2005

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Application Number 10/643,919	
		Filing Date 10/20/2003	
		First Named Inventor YAZAKI	
		Examiner Name MAYES	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit 1734	
TOTAL AMOUNT OF PAYMENT (\$) 1020		Attorney Docket No. 01-244-DIV	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee Paid (\$)
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	
							Small Entity
							Fee (\$)
							Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims							Fee Paid (\$)
- 20 or HP = <u> </u> x <u> </u> = <u> </u>							
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims							Fee Paid (\$)
- 3 or HP = <u> </u> x <u> </u> = <u> </u>							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (S for small entity)							
for each additional 50 sheets or fraction thereof. See 36 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof				Fee (\$)	Fee Paid (\$)
- 100 = <u> </u>	/ 50 = <u> </u>	(round up to a whole number) x <u> </u>					
4. OTHER FEE(S)							Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other: Extension of Time for Reply within the Third Month							1020

SUBMITTED BY		
Signature 	Registration No. (Attorney/Agent) 43,102	Telephone (703) 707-9110
Name (Print/Type) Robert L. Scott, II	Date 29 April 2005	